

COMMONWEALTH OF AUSTRALIA

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	Family Name						
	Given Names						
	Student Number						
	Teaching Period	Semester 2, 2016					
FINAL EXAMINATION		DURATION					
NUR250 – Medical Surgical Nursing 1							
		Reading Time:	10 minutes				
		Writing Time:	180 minutes				

INSTRUCTIONS TO CANDIDATES

EXAM CONDITIONS

You may begin writing from the commencement of the examination session. The reading time indicated above is provided as a guide only.

This is a CLOSED BOOK examination

No calculators are permitted

No handwritten notes are permitted

No dictionaries are permitted

ADDITIONAL AUTHORISED MATERIALS	EXAMINATION MATERIALS TO BE SUPPLIED
No additional printed material is permitted	1 x Scrap Paper Faculty/School Multiple Choice Answer Sheet

**THIS EXAMINATION IS PRINTED
DOUBLE-SIDED.**

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Section A

Multiple Choice Questions

Total No of Marks for this section: 40 marks

This section is to be answered on the Answer Sheet provided at the back of this Examination Paper. Please ensure that your name and student number have been written on the Answer Sheet and that the Answer Sheet is attached or inside your Examination Paper on completion.

Marks for each question are indicated. Suggested Time allocation for Section A: 60 mins

Section B

Short Answer Questions

Total number of marks for this section: 100 marks

Questions in this section are to be answered in ballpoint pen on the lines below each question.

Marks for each question are indicated. Suggested Time allocation for Section B: 120 minutes

Question 41

The registered nurse has 4 legal responsibilities when working with therapeutic substances such as medications. Safe administration is one of these responsibilities. The other three (3) responsibilities are:

1. _____

2. _____

3. _____

(Marks: 3)

Question 42

Explain why clinical reasoning is an important part of nursing practice.

(Marks: 2)

Question 43

Fill in the missing word to complete the sentences below.

_____ is the first step in the nursing process. During this time, the nurse collects both _____ and _____ data about health status using techniques such as _____, _____, _____ and _____.

(Marks: 3.5)

Question 44

State in full (ie, number and descriptor, no abbreviations) the normal adult range/values for:

1. Temperature _____
2. Heart rate _____
3. Respiratory rate _____
4. Blood pressure _____
5. Oxygen saturation _____

(Marks: 2.5)

Question 45

Define the following terms. Where appropriate, state the numerical value and descriptor.

Dysphagia _____

Peristalsis _____

Melaena _____

Steatorrhoea _____

Tachypnoea _____

Apnoea _____

Haemoptysis _____

Tachycardia _____

Bradycardia _____

Asystole _____

Ischaemia _____

Erythema _____

Eccymosis _____

Atrophy _____

Exudate _____

Parasthesia _____

Abduction _____

Adduction _____

Flexion _____

Extension _____

(Marks: 10)

Question 46

Identify 5 pre-operative risk factors.

1. _____

2. _____

3. _____

4. _____

5. _____

(Marks: 2.5)

Question 47

Explain why early mobilisation of people after surgery prevents the development of post-operative respiratory complications.

(Marks: 1)

Question 48

Identify 4 complications of surgery that the nurse should monitor for.

(Marks: 2)

Question 49

A person's response to pain and their pain tolerance is affected by multiple factors. Identify three (3) factors that may impact on someone's pain perception and response to pain

1.

2.

3.

(Marks: 1.5)

Question 50

You are administering an opioid analgesia. Identify 5 nursing responsibilities the nurse has when administering this medication

1. _____

2. _____

3. _____

4. _____

5. _____

(Marks: 5)

Question 51

Shift handover

Ethel is a 74 year old woman admitted to hospital yesterday for repair of a fractured neck of femur. She has a history of osteoporosis and angina. She is now 1 day post operation. Observations are stable but blood pressure is slightly elevated. She has IV fluids running 8 hourly and her urine output is satisfactory. Wound dressing dry and intact. Overnight she was quite unsettled and regularly reported pain scores of 5-8. She has morphine via PCA in situ as well as a paracetamol ordered orally prn. She vomited twice overnight and was given an anti-emetic.

When you review Ethel's PCA chart, you note she has pushed the delivery button multiple and repeated times overnight, some not successful due to the 10 minute lockout time.

(a) Identify 2 possible explanations for Ethel's repeated use of the PCA delivery button.

1. _____

2. _____

(Marks: 1)

(b) Explain in detail why minimising Ethel's pain is a priority nursing goal for you today.

(Marks: 1)

(c) You recognise that adequate and regular pain assessment and analgesia are a key part of managing Ethel's pain today. Identify two (2) other nursing interventions or actions would you implement to assist pain management.

1. _____

2. _____

(Marks: 2)

(d) Explain why your two nursing interventions in (c) above will help you achieve your goal of minimising Ethel's pain today.

1. _____

2. _____

(Marks: 2)

(e) Identify two (2) indicators that will tell you that your nursing interventions above are effective in minimising Ethel's pain.

1. _____

2. _____

(Marks: 1)

Question 52

You are assessing a person recently admitted to your ward with a history of hypertension. You recognise that hypertension is a risk factor for coronary artery disease. Identify four (4) other risk factors for coronary artery disease.

1. _____
2. _____
3. _____
4. _____

(Marks: 2)

Question 53

The wrist is commonly the site to assess a person's pulse. Identify two other sites where you can assess a person's pulse.

1. _____

2. _____

(Marks: 1)

Question 54

Identify 3 features of angina pain.

1. _____

2. _____

3. _____

(Marks: 3)

Question 55

Shift handover

Mary is a 72 year old woman admitted from Coronary Care (CCU) 2 days ago following a myocardial infarction. She has a 10 year history of cardiac problems. Her stay in CCU was uneventful and since admission to the ward her condition has been stable.

This morning, Mary's vital signs are stable but she is feeling a bit tired and anxious. She is not reporting any pain at present. Current medications include glycerine trinitrate spray, aspirin 100mg, a beta blocker, a statin, morphine, paracetamol, temazepam and coloxyl. She has an IV cannula in situ requiring 6/24 flushes. Mary has had repeat pathology and a 12 lead ECG this morning, all results within normal or expected parameters. She has been seen by the Cardiac Rehabilitation Team and arrangements are being made for Mary to go home in a few days

During your shift, you are called to Mary's room. When you get there, Mary is grey and gasping for breath. She manages to tell you she's never had pain like this before and never in this spot. It feels like there is a cement slab sitting on her chest.

(a) What would you do first and why?

(Marks: 1)

(b) What is your next priority and why?

(Marks: 1)

(c) Identify 5 other nursing interventions you would put in place once Mary's condition has stabilised

1.

2.

3.

4.

5.

(Marks: 2.5)

(d) Explain why the five (5) nursing interventions in (c) above are appropriate for Mary

1.

2.

3.

4.

5.

(Marks: 2.5)

Question 56

You are caring for a person with cardiac problems who is to be discharged tomorrow. They have a number of new or changed prescription medications, including a diuretic.

Identify three (3) points you will make sure the person knows and understands about taking a diuretic medication before they are discharged home.

1. _____

2. _____

3. _____

(Marks: 3)

Question 57

People diagnosed with heart failure are often prescribed one or more antihypertensive medications. One of the nurse's responsibilities is to monitor for adverse effects. Identify 5 adverse effects you will monitor for.

1. _____

2. _____

3. _____

4. _____

5. _____

(Marks: 2.5)

Question 58

Cardiac failure impacts on all body systems. Identify 5 home activity guidelines you will give to a person with cardiac failure who is preparing to go home.

1. _____

2. _____

3. _____

4. _____

5. _____

(Marks: 2.5)

Question 59

An important nursing goal when caring for a person with heart failure is to reduce cardiac workload and myocardial oxygen demand. Explain why this is an important goal when caring for these people.

(Marks: 1)

Question 60

You are caring for Ralph who has been admitted with pneumonia. He has a history of asthma and is currently requiring oxygen therapy via nasal prongs to maintain adequate oxygenation.

(a) Identify 3 nursing assessments you will do to assess Ralph's oxygenation status today

1. _____

2. _____

3. _____

(Marks: 3)

(b) Explain how the nursing assessments you identify above will help you identify that Ralph is adequately oxygenated

1. _____

2. _____

3. _____

(Marks: 3)

Question 61

Ralph rings the bell for assistance. When you come to his bedside he reports he is having increasing difficulty with breathing and has a headache. He is quite anxious; you note his lips are a purple colour and that he is tachypnoeic, tachycardic, restless and confused.

(a) What conclusion would you make from these signs and symptoms?

(Marks: 1)

(b) What are 2 priority nursing diagnoses/problems at this point?

1. _____

2. _____

(Marks: 2)

(c) What are your first 4 immediate or priority nursing actions or interventions and why are they a priority at this point in Ralph's care?

1. _____

2. _____

3. _____

4. _____

(Marks: 4)

Question 62

Explain why a person with a chronic airways problem requires a high energy, high protein diet.

(Marks: 1)

Question 63

Identify the term that applies to the follow descriptions

Material coughed up from the lungs _____

The subjective sensation of a patient reporting loss of endurance _____

Build-up of fluid in the space between the lung and the chest wall _____

Bacteria in the bloodstream or throughout the body _____

(Marks: 2)

Question 64

You are caring for Albert recently admitted with a pressure injury.

(a) Identify 2 nursing diagnoses/problems that you would document on Albert's care plan.

1. _____

2. _____

(Marks: 2)

(b) Explain why the 2 nursing diagnoses/problems you have identified above are relevant to Albert.

1. _____

2. _____

(Marks: 2)

(c) Identify one (1) specific nursing intervention you would plan to do for each of the 2 nursing problems in (b) above.

1. _____

2. _____

(Marks: 2)

Question 65

You are caring for a person just admitted with a major burn. It is 6 hours after the burn injury.

(a) Identify the phase of burn management the person is currently in

(Marks: 1)

(b) Identify five (5) high priority nursing diagnoses/problems that you will document on the nursing care plan

1. _____

2. _____

3. _____

4. _____

5. _____

(Marks: 2.5)

(c) Explain in detail what each of the (5) nursing diagnoses/problems in (b) above is specifically related to.

1. _____

2. _____

3. _____

4. _____

5. _____

(Marks: 2.5)

(d) Explain in detail why each of the nursing problems identified in Question 64 (b) is a priority

1. _____

2. _____

3. _____

4. _____

5. _____

(Marks: 2.5)

Question 66

- (a) You are caring for a person with altered gastro-intestinal function. Identify 5 different nursing assessments you will do to assess and monitor their gastro-intestinal function.

1. _____

2. _____

3. _____

4. _____

5. _____

(Marks: 2.5)

(b) Explain what the 5 nursing assessments you identified in (a) above will tell you about the person's gastro-intestinal function

1. _____

2. _____

3. _____

4. _____

5. _____

(Marks: 2.5)

Question 67

You are caring for a person with a closed fracture of the tibia. Identify five (5) factors that can affect bone healing.

1. _____

2. _____

3. _____

4. _____

5. _____

(Marks: 2.5)

END OF EXAMINATION